


# Welcome to Managing the Finances of Your NHPRC Grant




# Agenda

Basics of Managing a NHPRC Grant --  
Presented by Annette Paul

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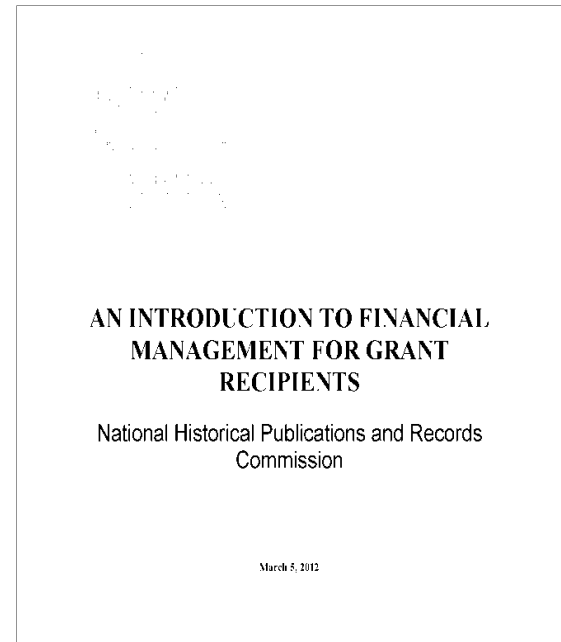
Submitting Accurate Payment Requests  
and Completing Federal Financial  
Reports –Presented by Annette Paul

A light blue downward-pointing arrow indicating the flow from the second item to the third.

General Questions –

# Resources for NHPRC Grantees

- The Slides from this Presentation
- Information on our website at:  
<http://www.archives.gov/nhprc/administer/>
  - A new “An Introduction To Financial Management For Grant Recipients “ (June 17, 2015)
  - Requesting Payments
  - Completing Reports
- NHPRC Staff:  
<http://www.archives.gov/nhprc/contact.html>



# Managing a Federal Grant

Federal Financial Management Standards require:

- *Accounting methods that provide accurate and complete information about all financial transactions related to each Federally-supported project*
- *Accounting records to be maintained on a current basis and balanced monthly*
- *All costs to be reasonable, allowable, and properly allocated*



# Grant Award Summary – Part I

**OFFICIAL NOTICE OF ACTION**  
**National Historical Publications and Records Commission**

Action Taken: Award Date of Action: 6/14/2017 Award Date: 6/7/2017 FEDERAL AWARD INFORMATION

Federal Award ID Number (FAIN)	RC-100028-17
Award Recipient	Utah State Archives and Records Service
Award Recipient DUNS	167223846 TIN: 876000545
Award Period	7/1/2017 - 6/30/2018
CFDA Number	89.003 National Historical Publications and Records Grants
Does the award support Research & Development?	No
Project Title	Utah Board Programming Grant
Project Description	To support the Utah Historical Records Advisory Board's programs, including awards of at least six <del>re</del> grants, five site visits to provide direct assistance to repositories, a one-day state-wide forum for repositories, maintaining the board's website and consortium list, and travel.
Grant Program and Office	State Board Programs, Records

**AWARD AMOUNTS**

Funds Obligated by this Action	\$40,000.00
Total Outright Award Amount	\$40,000.00
Total Cost Share	\$13,500.00
Total Project Costs	\$53,500.00

**RECIPIENT CONTACTS**

Role	Name	Affiliation
Grant Administrator	Ms. Patricia Smith-Mansfield pmansfie@utah.gov	Utah State Historical Records Advisory Board
Project Director	Ms. Janell Tuttle jtuttle@utah.gov	Utah State Archives and Records Service

**REMARKS**

By accepting this grant you agree to:

- Comply with all applicable Federal grants management and NHPRC rules and regulations. These are on our web site: <http://www.archives.gov/nhprc/administer/regulations.html>, <http://www.archives.gov/nhprc/administer/requirements.html>, <http://www.archives.gov/nhprc/administer/costshare.html>
- Adhere to the performance objectives (enclosed)
- Unless you have an exemption under 2 CFR 25.110, you must maintain an active registration with the System of Award Management (SAM) until either the final report or the final payment has been received, whichever is later.
- Protect from public release information, including Personally Identifiable Information (PII), that would violate the publicity or privacy rights of any person.
- Provide the cost sharing as specified in your budget dated June 13, 2016. You must have written approval from NHPRC to make any reduction in your total cost share.
- Use program income as cost share for project expenses as indicated in your approved budget.

# Report Requirements Grant Award Summary – Part II

## **AWARD REPORTING REQUIREMENTS** **National Historical Publications and Records Commission**

Award Number: RH-100026-17

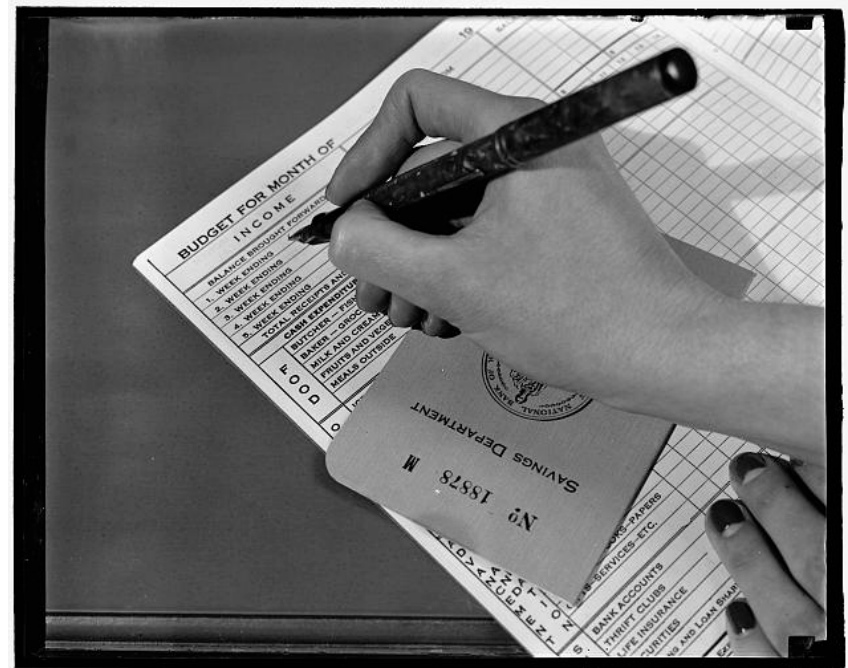
Award Recipient: The Regents of the University of California, San Francisco

The following is a listing of the due dates of the reports required for this grant. A copy of this listing should be forwarded to those individuals responsible for the submission of the required reports.

<b>Report</b>	<b>Special Instructions</b>	<b>Due Date</b>	<b>Period to be Covered</b>
Semi-Annual Performance	N/A	9/30/2017	3/1/2017 - 8/31/2017
Semi-Annual Performance	N/A	3/31/2018	9/1/2017 - 2/28/2018
Annual Financial	N/A	3/31/2018	3/1/2017 - 2/28/2018
Final Performance	N/A	11/30/2018	3/1/2017 - 8/31/2018
Final Financial	N/A	11/30/2018	3/1/2017 - 8/31/2018

# Your Approved Budget

- The date of your approved budget is in your Grant Award Summary
- Some changes are permissible, if the cost category already exists.
- Best approach is to ask program officer in all cases.



# Cost Share

- NHPRC requires cost share on almost all grants (generally at least a one to one match).
- NHPRC grant recipients are not permitted to use grant funds for indirect costs (see [2 CFR 2600.101](#)).
- Grant recipient may use indirect cost for cost sharing.
- Must report on it as you request payments.
- Include current numbers in Federal Financial Reports.
- If you are behind on your pledged cost share as you reach end of grant, contact us immediately to avoid penalties.
- See: <http://www.archives.gov/nhprc/administrator/costshare.html>





# Auditing

- If your organization receives more than \$750,000 in federal grants, you must complete an A-133 Single Audit and notify us of its completion.
- If your organization receives less than \$750,000 in federal funds, you may be selected for audit by NHPRC staff, the National Archives' Inspector General, or the Government Accountability Office.
- Audits can happen up to three years after the close of a project.
- Keep records!



# Best Practices

- Establish separation of duties: person who requests payment does not sign check.
- If your accounting system can't track accounts sufficiently, you may want to establish separate bank accounts for federal funds so they do not get mixed with operating expenses.
- All grant related expenses must take place during the grant period!



# Best Practices, cont.

- Develop personnel, purchasing, travel, and budget policies.
- Keep documentation of expenses and contributions to the project for personnel, volunteers, purchases, in-kind donations, etc.
- Keep these records for three years after you submit the last Financial Report



# Example of Tracking Personnel

## Attachment A: Sample Personnel Activity Report

Organization Name: _____	
Employee's Name: _____	Week Ending: _____
<b>Activity</b>	<b>Distribution of Time</b>
<b>NHPRC:</b>	
1. Grant #: _____	_____ %
2. Grant #: _____	_____ %
<b>Other:</b>	
3. Cost Share for Grant #: _____	_____ %
4. Cost Share for Grant #: _____	_____ %
5. Project name: _____	_____ %
6. Project name: _____	_____ %
Administrative: _____	_____ %
Fundraising: _____	_____ %
<b>Leave:**</b>	
Sick _____	_____ %
Vacation _____	_____ %
Other (specify): _____	_____ %
<b>TOTAL: 100 %</b>	
<b>Employee's Signature: _____ Date: _____</b>	
<b>Supervisor's Signature: _____ Date: _____</b>	

\*\*If benefits that included leave were included in the budget (whether using grant funds or cost share), please break out these costs proportionally as well.

# Example of Consultant/Services

## Attachment B: Sample In-Kind Contribution Report

Report of SERVICES RENDERED, GOODS DONATED, FACILITIES PROVIDED to the awardee:

Project:			
Donor:			
Address:			
Donor's Signature:			Phone:
Title:			
Date(s) services were performed, goods were donated, or facilities provided for project:			
<b>Services Rendered:</b>			
By:		Hours:	\$ _____
By:		Hours:	_____
By:		Hours:	_____
By:		Hours:	_____
By:		Hours:	_____
Others listed on reverse; amount from reverse:			_____
<b>Total Services:</b>			<b>\$ _____</b>
<b>Goods Donated:</b>			
Item:			\$ _____
Item:			_____
Item:			_____
Others listed on reverse; amount from reverse:			_____
<b>Total Goods:</b>			<b>\$ _____</b>
<b>Facilities Provided:</b>			
Place:			\$ _____
Place:			_____
Place:			_____
Others listed on reverse; amount from reverse:			_____
<b>Total Facilities:</b>			<b>\$ _____</b>
<b>TOTAL VALUE:</b>			<b>\$ _____</b>
<b>Approved By:</b>			
Signature			
Name:			
Title:			
Date:			

NOTE: Please attach an explanation of the bases for the valuation of each item and any supporting documentation.

# New Rules for Procurements

For grant recipients after December 26, 2014 who are NOT states:

- Must have a written policy including conflict of interest rules.
- Purchases under \$3,000 are micro-purchases and may be procured using reasonable methods to ensure costs are fair.
- Purchases over \$3,000 must be controlled by small purchase procedures, sealed bids, competitive proposals.
- Grantee will need to develop procurement policies and maintain documentation that they followed them.

# Sole Source Procurement

- If you are doing a sole source procurement above \$3,000, you need to get permission from the NHPRC and we will need to know why the product/person is the best and only choice for the purpose.
- Again these rules do not apply to States!!!
- (see [2 CFR 200.317-326](#))

# More Information is Available

- Classes from commercial providers
- Material on our website about other requirements
- Training classes from other federal funders such as EPA:  
<http://www.epa.gov/ogd/training/section15.htm>

?? Questions ??

Ask via the Question Feature or send us email at  
[nhprc@nara.gov](mailto:nhprc@nara.gov)




# Agenda

Basics of Managing a NHPRC Grant --  
Presented by Annette Paul



Completing Financial Capability  
Questionnaire (NA-Form 17003) –  
Presented by Annette Paul



Submitting Accurate Payment Requests  
and Completing Federal Financial  
Reports– Presented by Annette Paul

# Completing Financial Capability Questionnaire



## Grant Recipient's Accounting System and Financial Capability Questionnaire



## Purpose and Use of the Information

- NARA's OIG office conducted an audit of the NHPRC and recommended the questionnaire as a method to improve its financial monitoring of grantees.
- The questionnaire assists in determining those applicants requiring special attention in matters relating to the accountability of Federal funds.
- This is a one-time questionnaire and assists the NHPRC in pre-screening applicants to avoid high-risk situations and protect Federal funds.

# Financial Capability Questionnaire

## Cont'd

- Changes in the revised Title 2 from December 26, 2014 that increased the amount of grant funds given to a single institution.
- Office and Management Guidance for Grants and Agreement recipients are required to maintain adequate accounting controls and systems in managing and administering Federal funds.
- The questionnaire also serves as:
  - Additional safeguards for Federal funds
  - A pre-audit function
  - Identifying potential deficiencies and weaknesses
  - Minimizing the risk of fraud, waste, and abuse

**NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION – NATIONAL ARCHIVES  
 ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE**

If you are a recipient of a federal grant, you must have adequate financial controls. Adequate accounting systems should meet the following criteria:

- (1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant.
- (2) Entries in accounting records should refer to subsidiary records and/or documentation which support the entry and which can be readily located.
- (3) The accounting system should provide accurate and current financial reporting information.
- (4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

**APPLICANT ORGANIZATIONAL INFORMATION**

Name of Organization and Address:	NHPRC Application No:
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Authorized Representative's Name and Title:

Phone:	Ext:	Fax:	Email:
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Year Established (yyyy):	Employer Identification Number (EIN) (example XX-XXXXXXX):	DUNS Number (example XXX-XX-XXXX):
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Type of Organization:

Approximate Number of Employees: Full Time (Paid): Full Time (Volunteer):	Part Time (Paid): Part Time (Volunteer):
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**FEDERAL AUDIT DATA**

Have you been audited by a Federal agency?:  Yes  No

If yes, please indicate the type:

OMB A-133 Single Audit (required of institutions that received more than \$750,000 in 2014 in federal grants; or \$500,000 in years prior to 2014)

Incurred Cost  Accounting System  Timekeeping

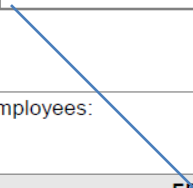
Provide url:

Date of Last Federal Audit/Review (m/d/yyyy):	Audit Agency/Firm:
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If Findings Reports, Explain:

**FINANCIAL STATEMENT AUDIT DATA**

Date of Last Financial Statement Audit (m/d/yyyy):	Fiscal Period Audited:
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If you have not had an audit completed in the last two years, please submit a copy of your most recent 990 tax form. If you do not have a 990 tax form, please explain:

**ACCOUNTING SYSTEM**

1. Has any Government Agency rendered an official written opinion concerning the adequacy of the accounting system for the collection, identification and allocation of costs under Federal contracts/grants?:  
 Yes     No
2. If yes, provide name and address of Agency performing review: **Attach a copy of the latest review and any subsequent correspondence, clearance documents, etc.**
3. Which of the following best describes the accounting system:  
 Manual     Automated     Combination
4. Does the accounting system identify the receipt and expenditure of program funds separately for each contract/grant?     Yes     No     Not Sure
5. Does the accounting system provide for the recording of expenditures for each grant/contract by the component project and budget cost categories shown in the approved budget?     Yes     No     Not Sure
6. Does the accounting system provide for the recording of cost sharing for each project, and ensure that documentation is available to support recorded cost sharing?     Yes     No     Not Sure
7. Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of total funds available for a grant?     Yes     No     Not Sure
8. Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of total funds available for a budget cost category (e.g. Personnel, Travel, etc)?     Yes     No     Not Sure
9. Is the firm generally familiar with the existing regulation and guidelines containing the cost principles and procedures for the determination and allowance of costs in connection with Federal contracts/grants?     Yes     No     Not Sure

**TIME AND EFFORT REPORTING**

Are time distribution records maintained for an employee when his/her effort can be specifically identified to a particular cost objective?    Yes    No    Not Sure

**If yes, attach sample time sheet and/or procedures for allocating salary and wage charges to Federal awards**

**FUNDS MANAGEMENT**

Is a separate bank account maintained for Federal grant funds?     Yes     No



FINANCIAL STATEMENTS	
Did an independent certified public accountant (CPA) ever examine the financial statements?	<input type="radio"/> Yes <input type="radio"/> No
If an independent CPA review was performed, please provide this office a copy of their latest report and any management letters issued.	<input type="radio"/> Enclosed <input type="radio"/> N/A
If an independent CPA was engaged to perform a review and no report was issued, please provide details and an explanation on a separate sheet.	
APPLICANT CERTIFICATION	
I certify that the above information is complete and correct to the best of my knowledge.	
Signature:	
Name:	
Title:	

### Paperwork Reduction Act Public Burden Statement

The information requested on this form is being collected and used to ensure that recipients of grants from the National Archive's National Historical Publication and Records Commission have the necessary financial and management controls to manage Federal funds. We estimate the public burden per response is four hours to read the instructions, gather necessary data, and complete the information collection. The Paperwork Reduction Act requires us to notify you that a Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 3095-0072. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), Room 4400, 8601 Adelphi Road, College Park, MD 20740-6001, and to the Office of Management and Budget, Paperwork Reduction Project (3095-0072), Washington, DC 20503. DO NOT SEND COMPLETED FORMS TO THESE ADDRESSES. Mail these forms to:

NHPRC  
Room 114

# Submitting Accurate Payment Requests





# First Steps

- Make sure your narrative and financial reports are up to date; check your award letter for Report Requirements
- NHPRC's website: <https://archives.gov/nhprc>
- “Administer a Grant” page:  
<http://www.archives.gov/nhprc/administer/>

# First Steps- (cont.)

- SAM: Make sure organization is registered in SAM and registration is updated yearly
- [www.SAM.gov](http://www.SAM.gov)
- SF 270
- <http://www.archives.gov/nhprc/administer/payment-instructions.html>



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## National Historical Publications & Records Commission

Home > National Historical Publications and Records Commission (NHPRC)

### NHPRC Grant Opportunities



- [View Grant Opportunities](#)
- [Apply for a Grant](#)
- [Types of Projects we fund](#)
- [Administer a Grant](#)
- [Grantee Cost-Share](#)
- [FAQs](#)
- [Our Partners](#)

### NHPRC Newsletter



- [NHPRC grant deadlines](#)
- [Inside the Commission](#)
- [News from the Field](#)
- [Current Newsletter](#)

### NHPRC Awards \$2.8 Million in New Grants

At its May meeting, the NHPRC approved 33 proposals totaling \$2,812,416 for projects in 18 states.

[Read the Press Release](#)

### NHPRC-Mellon Call for Proposals for Digital Edition Publishing Cooperatives

New program provides planning grants for building durable digital editions.

[Read the Press Release](#)



### About NHPRC

Promotes the preservation and use of America's documentary heritage essential to understanding our democracy, history, and culture.



### Projects and Programs

Since 1964, the National Historical Publications and Records Commission has funded projects to document democracy.

### Strategic Plan

Check out our new [Strategic Plan](#).

### Founders Online



Search through 178,000 documents from America's Founders at [Founders Online](#)

### Conflict Of Interest

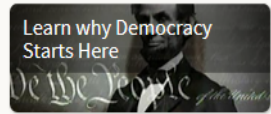
Read the Commission's [Conflict of Interest Policy](#)

PDF files require the [free Adobe Reader](#).  
More information on Adobe Acrobat PDF files is available on our [Accessibility page](#).




NHPRC grant recipients are asked to download and use our logo in public materials to acknowledge Federal support for documenting democracy.

 [Download our Logo](#)



# Administering a Grant



After you are awarded an NHPRC grant, you should download our [Introduction to Financial Management for Grant Recipients](#) . This guide will provide practical information about what is expected from grantees in terms of fiscal accountability.

We have prepared a short presentation on "[Managing the Finances of Your NHPRC Grant](#)" .


## NHPRC Forms and Instructions

Policies, Forms, and Other Information for Organizations with an NHPRC Grant


### General Terms and Conditions for Awards

- [Offer Acknowledgement Form](#) 
- [NHPRC Accounting System and Financial Capability Questionnaire](#) 
- [General NHPRC Requirements](#)
- [Cost-Share Obligations](#)
- [Publicity Requirements for NHPRC Grant](#)

### NHPRC Budget Form and Instructions

- [NHPRC Budget Form](#) 
- [Instructions for Preparing a Revised Budget](#)


### Reporting Requirements

- [Federal Financial Report, SF-425](#) 
- [Instructions for the SF-425](#)

### Narrative Reporting

- [Narrative Reporting](#)

### Payment Instructions

- [Request for Advance or Reimbursement, SF-270](#) 
- [Instructions for the SF-270](#)

## Contact Us

 [Contact the NHPRC](mailto:nhprc@nara.gov)

**E-mail:** [nhprc@nara.gov](mailto:nhprc@nara.gov)\*

**Telephone:** 202-357-5010

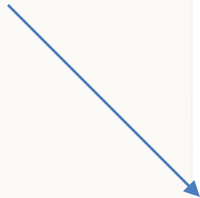
**Fax:** 202-357-5914

**Unless otherwise indicated, please send all correspondence relating to your grant to:**

NHPRC  
National Archives  
700 Pennsylvania Avenue, NW  
Room 114  
Washington, DC 20408

Please include the grant number on all correspondence to ensure prompt response and payment.

\* Please see our [Privacy Statement](#)



# Two Types of Requests: Reimbursements & Advances

sf270.pdf - Adobe Reader

File Edit View Window Help



Tools Comment

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Highlight Existing Fields

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  <i>(See instructions on back)</i>		OMB APPROVAL NO  0348-0004	PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED a. <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" one or both boxes <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) _____ TO (month, day, year) _____	
9. RECIPIENT ORGANIZATION  Name: _____		10. PAYEE (Where check is to be sent if different than item 9)  Name: _____	

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records. Highlight Existing Fields

# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. <b>0348-0004</b>		PAGE <b>1</b> OF <b>2</b> PAGES
1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
	b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  
**NHPRC**

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  
**RX-10000-11**

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  
**2**

6. EMPLOYER IDENTIFICATION NUMBER  
**XXXXXXXX**

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST  
FROM (month, day, year) **11/1/2011** TO (month, day, year) **2/29/2012**

9. RECIPIENT ORGANIZATION  
Name: **State Historical Society**  
Number and Street: **123 Main Street**  
City, State and ZIP Code: **City, State, Zip**

10. PAYEE (Where check is to be sent if different than item 9)  
Name:  
Number and Street:  
City, State and ZIP Code:

Address bar: http://www.netl.doe.gov/business/forms/270.pdf

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Tools Comment

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Highlight Existing Fields

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small> 02/29/2012		\$	\$	\$ 2,000
b. Less: Cumulative program income				
c. Net program outlays <small>(Line a minus line b)</small>				2,000
d. Estimated net cash outlays for advance period				
e. Total <small>(Sum of lines c &amp; d)</small>				2,000
f. Non-Federal share of amount on line e				1,000
g. Federal share of amount on line e				1,000
h. Federal payments previously requested				400
i. Federal share now requested <small>(Line g minus line h)</small>				600
j. Advances required by month, when requested by Federal grantor agency for use in making	1st month			
	2nd month			

# Reimbursements

- Request period and prior request amounts
- Include total program outlays to date, numbers should increase
- **Cost share**
- Numbers should be cumulative





# Advances

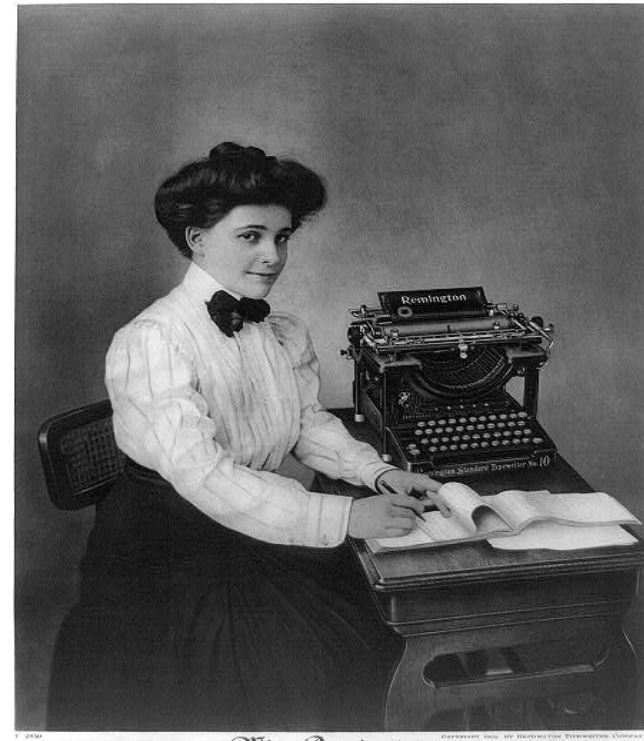
- Can be for no more than 2 months worth of expenses
- As noted by project period dates
- Written explanation needs to be included
- **Cost share**
- “Estimated net cash outlays for advance period” (d) should typically = (i) “Federal amount now requested”

# Reminders:

- Include correct grant number
- If multiple grants, funds accounted for separately
- Check auto-fill function and cumulative numbers
- Payment Requests can be combined
- Keep running total of funds used in specific categories
- Reports must be up to date
- Cost share must be included- or a written explanation should be provided if not currently meeting your cost share
- Contact program officer (in advance) if cost share will not be met by end of grant period.

# The Last Step-Submit!

- Fax to 202-357-5914, or scan and email as PDF to [nhprc@nara.gov](mailto:nhprc@nara.gov)
- Duplicates are not needed
- Tracking Payments:
  - [www.ipp.gov](http://www.ipp.gov)
- Questions? Call 202-357-5010
- or email [nhprc@nara.gov](mailto:nhprc@nara.gov)

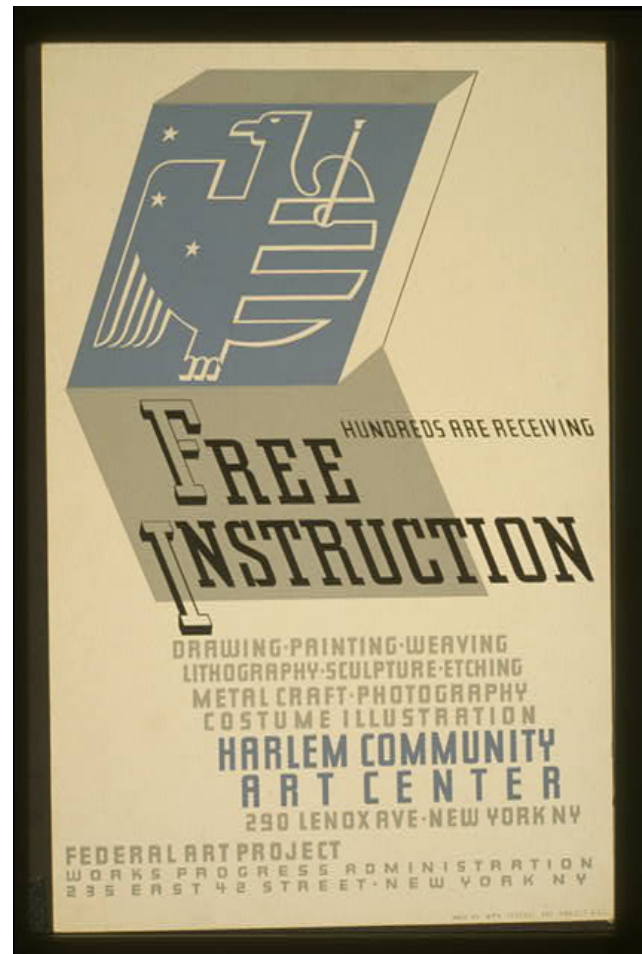


# Completing the Federal Financial Report – SF 425 Form

***“How to” Properly complete the  
SF -425***

# NHPRC Web Links for SF -425 Instructions

- FFR SF- 425 –  
Instructions
  - <http://www.archives.gov/nhprc/administer/reporting.html>
- FFR SF-425 – Fillable  
PDF
  - <http://na.fs.fed.us/fap/sf425-fillable.pdf>



Browser address bar: <https://www.archives.gov/nhprc/administer>

Navigation menu: eCFR — Code of Federal R... System for Award Manag... Suggested Sites OFR Blog BPD NEH Regulations.gov - Home

Search the NHPRC Web Site

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accountability.

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- [General NHPRC Requirements](#)
- [Cost-Share Obligations](#)
- [Publicity Requirements for NHPRC Grant](#)

### NHPRC Budget Form and Instructions

- [NHPRC Budget Form](#)
- [Instructions for Preparing a Revised Budget](#)

### Reporting Requirements

- [Federal Financial Report, SF-425](#)
- [Instructions for the SF-425](#)

### Narrative Reporting

- [Narrative Reporting](#)

### Payment Instructions

- [Request for Advance or Reimbursement, SF-270](#)
- [Instructions for the SF-270](#)
- [Extension Requests](#)

### Applicable Federal Regulations and Requirements

- [Office of Management and Budget and the Commission Grants Circulars.](#)


FAX: 202-357-0914

Unless otherwise indicated, please send all correspondence relating to your grant to:

NHPRC  
National Archives  
700 Pennsylvania Avenue, NW  
Room 114  
Washington, DC 20408

Please include the grant number on all correspondence to ensure prompt response and payment.

\* Please see our [Privacy Statement](#)



# Completing the Federal Financial Report – SF 425 Form

## Required fields to complete:

Box 1. Federal Agency - **NHPRC**

Box 2. Federal Grant – **NHPRC Grant #**

Box 3. Recipient Organization (Complete address)

Box 4. a. Enter your DUNS number, b. Enter your organization's Employer Identification Number (EIN), or Tax Identification Number (TIN)

Box 6. Report Type

Box 7. Basis of Accounting

FEDERAL FINANCIAL REPORT				
(Follow form instructions)				
1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page 1 of pages
NHPRC		PM-00000-00		
3. Recipient Organization (Name and complete address including Zip code)				
Organization, 123 Main Street, Anywhere, USA 22222				
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
→	→		<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual

# Completing the Federal Financial Report – SF 425 Form

## Continue

Box 8. Project/Grant Period

From (Month, Day, Year)

To: (Month, Day, Year)

Box 9. Reporting Period End Date (Month, Day, Year)

8. Project/Grant Period From: (Month, Day, Year) <input type="text" value="01-01-2011"/>	To: (Month, Day, Year) <input type="text" value="12-31-2011"/>	9. Reporting Period End Date (Month, Day, Year) <input type="text" value="12-31-2011"/>
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# Completing the Federal Financial Report – SF 425 Form

## Continue

Box. 10 – Transactions

### **Federal Cash:**

- Indicate the amount of NHPRC funds received as of the date in no. 9
- Show expenses paid to date with NHPRC funds
- Indicate if any cash is left over (10a. minus 10b.) This may be a negative number if you have spent more than you have received.

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Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	1,000.00
b. Cash Disbursements	1,000.00
c. Cash on Hand (line a minus b)	0.00

# Completing the Federal Financial Report – SF 425 Form

## Continue

### **Federal Expenditures and Unobligated Balance:**

- Enter the full amount of the grant
- Indicate the NHPRC share of all allowable project costs that have been incurred and/or paid as of the date in no. 9 above. NOTE: All expenditures must be allowable and appropriate. Expense documentation (e.g., timesheets, payroll records, contracts, receipts, invoices, cancelled checks, etc.) must be maintained and available for submission upon request.
- If you have expenses which have been obligated (contracts, etc.) and will be paid with NHPRC funds, enter that amount here, otherwise enter \$0.
- Enter the total of 10e. and 10f.
- Enter the remaining NHPRC funds not yet spent or obligated (lines 10d. minus 10g.)

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	1,000.00
e. Federal share of expenditures	1,000.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	1,000.00
h. Unobligated balance of Federal funds (line d minus g)	0.00

# Completing the Federal Financial Report – SF 425 Form

Continue

## **Recipient Share:**

- Enter your share of allowable and allocable project costs (cost sharing as shown on the Grant Award Summary). This may include the value of allowable and allocable third party in-kind contributions and indirect costs if in the approved budget or as amended.
- Show how much of your share has been spent as of the date in no. 9
- Enter how much of your share is still to be provided/spent on the grant (lines 10i. minus 10j). If this is a final report, enter \$0.

## **Recipient Share:**

i. Total recipient share required	1,000.00
j. Recipient share of expenditures	1,200.00
k. Remaining recipient share to be provided (line i minus j)	(200.00)

## **Program Income:**

# Completing the Federal Financial Report – SF 425 Form

## Box. 13 Certification

- A. Typed or Printed Name and Title of Authorized Certifying Official
- B. Signature of Authorized Certifying Official
- C. Telephone (Area code, number and extension)
- D. Email Address
- E. Date Report Submitted ( Month, Day, Year)

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
a. Typed or Printed Name and Title of Authorized Certifying Official  →	c. Telephone (Area code, number and extension)  →
b. Signature of Authorized Certifying Official  →	d. Email address  →
	e. Date Report Submitted (Month, Day, Year)  →
	14. Agency use only:  Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

# Cost Share Required

\$\$\$ COST SHARE \$\$\$

# THANK YOU!!

## Resources for NHPRC Grantees

- The Slides from this Presentation
- Information on our website at:  
<http://www.archives.gov/nhprc/administer/>
  - “An Introduction To Financial Management For Grant Recipients “ (June 17, 2015)
  - Requesting Payments
  - Completing Reports
- NHPRC Staff:  
<http://www.archives.gov/nhprc/contact.html>